

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

149  
FILED OCT 15 1962

5007

## 1. PLACE OF DEATH

a. COUNTY  
FILED OCT 15 1962  
Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
Kansas CityLength of stay in 1b  
2 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
St. Joseph's HospitalInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE  
Arkansasb. COUNTY  
Stonec. CITY  
OR  
TOWN  
Mountain ViewInside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS  
(If outside, give location)  
Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

4. DATE  
OF  
DEATH

Month

Day

Year

ROBERT

B.

ROSS

Oct. 1, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

Cauc.

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/6/1931

30

9. AGE (last birthday)  
IF UNDER 1 YEAR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Warden-Arkansas Game &amp; Fish Comm

## 10b. KIND OF BUSINESS OR INDUSTRY

Fox, Arkansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Thomas V. Ross

## 13b. MOTHER'S MAIDEN NAME

Ruby Moore

## 14. NAME OF HUSBAND OR WIFE

Reba Jo Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Mrs. Reba Jo Ross, Mt. View, Ark.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cardiac Arrest 5 hrs

## DUE TO (b)

Post Operative shock 5 hrs

## DUE TO (c)

Post Operative decomposition 8 hrs

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY  
Hour  
a.m.  
p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/2/58 to 10/1/62 and last saw him alive on 10/1/62 -  
Death occurred at 7:35 P. m on the date stated above, and to the best of my knowledge, from the causes stated

## 22. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE

23b. BURIAL, CREMATION,  
REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATOR

## 23d. LOCATION (City, town, or county)

Removal

10/2/1962

Rox Cemetery

Fox, Arkansas

## 24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

D.W. Newcomer's Sons, Kansas City, Mo. 10-2-62

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Buckingham

MAR 29 1963

See also  
T. B. Hooper

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Vern Lawler*

Licensed Embalmer No.

4915

P. O. Address

K C MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.